PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

39903 75 ANTHONY ENG PO Box 5307	THONY ENGLAND Box 5307 TIN, TX 78763-5307			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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APPLICATION NO.	FILING DATE	FI	RST NAMED IN	/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/434,268	09/434,268 11/05/1999		ERMOT TIMOTHY O'BRIEN		JA999-716	3752
APPLN. TYPE	SMALL ENTITY NO	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 12/15/2005
nonprovisional	NO				\$1400	12/15/2005
EXAMINER		ART UNIT 2176		CLASS-SUBCLASS	J	
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/ · · · · · · · · · · · · · · · · · · ·	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee da of this form is NOT	IE PATENT (printed will appear of a substitute for f	• • •	nee is identified below, the d	locument has been filed
Please check the appropriate	assignee category or categor	ries (will not be prin			orporation or other private gr	oup entity Governme
4a. The following fee(s) are e			Payment of Fee(<u></u>	<u></u>
Issue Fee		A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitte Advance Order - # of Copies		Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).				
Advance Order - # of			Deposit Account	Number 39-04	(enclose an extra c	opy of this form).
5. Change in Entity Status (from status indicated above AALL ENTITY status. See 3		b. Applicant i	s no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
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